

Richard A Calice Jr
10 Ringleaf Court
Cockeysville, MD 21030

A barcode consisting of vertical black bars of varying heights, used for document tracking or identification.

Steiner & Gelber, P.A.
2201 NW 30th Place, Suite A
Pompano Beach, FL 33069
954-969-8786

October 2, 2013

CONFIDENTIAL

Richard A Calice Jr
10 Ringleaf Court
Cockeysville, MD 21030

Dear Richard:

We have prepared the following returns from information provided by you without verification or audit:

U.S. Individual Income Tax Return (Form 1040)
Maryland Resident Income Tax Return (Form 502)
Michigan Individual Income Tax Return (Form MI-1040)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

Like all providers of personal financial services, tax professionals are required by law to inform clients of their policies regarding privacy of client information. Our firm continues to adhere to professional standards of confidentiality that are even more stringent than those required by law. We have always protected the security and privacy of your personal and financial information.

Types of Nonpublic Personal Information We Collect

The only nonpublic personal information we collect is provided to us by you or obtained with your authorization.

Parties to Whom We Disclose Information

We do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law. Permitted disclosures may include providing information to our employees, or, in limited situations, to unrelated third parties who need that information to assist us in serving you. In all situations, we stress the confidential nature of the information being shared.

Protecting the Confidentiality and Security of Clients' Information

We retain records relating to our professional services to better serve your professional needs and, in some cases, to comply with professional guidelines. In order to protect your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions or if we can be of assistance in any way, please do not hesitate to call.

Sincerely,

Steiner & Gelber, P.A.

IRS CIRCULAR 230 DISCLOSURE REQUIREMENT: IRS Circular 230 requires us to notify you that any tax advice contained in this communication (including attachments) is not intended or written to be used, and cannot be used, by any person for the purpose of avoiding tax penalties that may be imposed by law.

Filing Instructions
Electronically Filed
Form 1040 US Individual Income Tax Return
With
Form 1040-V Payment Voucher
Form 8879 IRS e-file Signature Authorization
Taxable Year Ended December 31, 2012

Name: Richard A Calice Jr

Date Due: October 15, 2013

Remittance: A check in the amount of \$68,276 should be made payable to the United States Treasury and included with the voucher. Write "S.S.N. 383-86-2186, 2012 Form 1040" and your daytime phone number on the check.

Mail To: Internal Revenue Service
P.O. Box 37008
Hartford, CT 06176-0008

Include Form 1040-V with your check.

Signature: Form 8879 IRS e-file Signature Authorization authorizes your electronically filed return to be signed with a Personal Identification Number (PIN) and certifies that Part I amounts are from your tax return. Review and sign the Form 8879 IRS e-file Signature Authorization and mail it as soon as possible to:

Steiner & Gelber, P.A.
2201 NW 30th Place, Suite A
Pompano Beach, FL 33069

Important: Your return will not be filed with the IRS until the signed Form 8879 IRS e-file Signature Authorization has been received by this office.

Other: Initial and date the copy of the Form 1040, and retain it for your records.

Retain a copy of the signed and dated Form 8879 for your records.

Do not attach your payment to Form 1040-V. Instead place them loose in the envelope.

Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of Form 1040 to the IRS it will delay processing of your return.

Form

8879**IRS e-file Signature Authorization**

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service☐ Do not send to the IRS. This is not a tax return.☐ Keep this form for your records.**2012**

Declaration Control Number (DCN)

Taxpayer's name

RICHARD A CALICE JR

Social security number

383-86-2186

Spouse's name

Spouse's social security number

376-84-6196

Part I Tax Return Information — Tax Year Ending December 31, 2012 (Whole Dollars Only)

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	252,243
2	Total tax (Form 1040, line 61; Form 1040A, line 35; Form 1040EZ, line 10)	2	75,059
3	Federal income tax withheld (Form 1040, line 62; Form 1040A, line 36; Form 1040EZ, line 7)	3	9,878
4	Refund (Form 1040, line 74a; Form 1040A, line 43a; Form 1040EZ, line 11a; Form 1040-SS, Part I, line 12a)	4	
5	Amount you owe (Form 1040, line 76; Form 1040A, line 45; Form 1040EZ, line 12)	5	65,333

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2012, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only☐ I authorize _____ to enter or generate my PIN

ERO firm name

as my signature on my tax year 2012 electronically filed income tax return.

62186

Enter five numbers, but
do not enter all zeros☒ I will enter my PIN as my signature on my tax year 2012 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.Your signature ☐ _____ Date ☐ 10/15/13**Spouse's PIN: check one box only**☐ I authorize _____ to enter or generate my PIN

ERO firm name

as my signature on my tax year 2012 electronically filed income tax return.

Enter five numbers, but
do not enter all zeros☐ I will enter my PIN as my signature on my tax year 2012 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.Spouse's signature ☐ _____ Date ☐ _____**Practitioner PIN Method Returns Only—continue below****Part III Certification and Authentication — Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

65644133069

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2012 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Publication 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ☐ _____ Date ☐ 10/15/13

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see your tax return instructions.

Form **8879** (2012)

DAA

Taxpayer Name RICHARD A CALICE JR
Spouse Name _____

DO NOT SUBMIT THIS DOCUMENT TO IRS UNLESS REQUESTED TO DO SO

ERO Declaration

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

ERO Signature

I am signing this Tax Return by entering my PIN below.

ERO's PIN 65644133069

Taxpayer Declarations

Perjury Statement

Under penalties of perjury, I declare that I have examined this return, including any accompanying statements and schedules and, to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return to IRS and to receive the following information from IRS: a) an acknowledgment of receipt or reason for rejection of transmission; b) the reason for any delay in processing or refund; and, c) the date of any refund.

Electronic Funds Withdrawal Consent

If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH Electronic Funds Withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). I authorize EFTPS to issue me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To request that my PIN be mailed to me, or to revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal consent.

I am signing this Tax Return/Form and Electronic Funds Withdrawal Consent, if applicable, by entering my Self-Select PIN below.

Date (all numerics) 10/15/13

Taxpayer's PIN (enter five numbers, other than all zeroes) 62186

Spouse's PIN (enter five numbers, other than all zeroes) _____

Form 1310 Signature and Verification

Completion of this section indicates that I am requesting a refund of taxes overpaid by or on behalf of the decedent. Under penalties of perjury, I declare that I have examined this Form 1310 claim, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of person claiming refund

Date

2012 Form 1040-V**Department of the Treasury
Internal Revenue Service****What Is Form 1040-V**

It is a statement you send with your check or money order for any balance due on the "Amount you owe" line of your 2012 Form 1040, Form 1040A, or Form 1040EZ.

TIP

You can also pay your taxes online or by phone either by a direct transfer from your bank account or by credit or debit card. Paying online or by phone is convenient and secure and helps make sure we get your payments on time. For more information, go to www.irs.gov/e-pay.

How To Fill In Form 1040-V

Line 1. Enter your social security number (SSN). If you are filing a joint return, enter the SSN shown first on your return.

Line 2. If you are filing a joint return, enter the SSN shown second on your return.

Line 3. Enter the amount you are paying by check or money order.

Line 4. Enter your name(s) and address exactly as shown on your return. Please print clearly.

How To Prepare Your Payment

● Make your check or money order payable to "**United States Treasury.**" Do not send cash.

● Make sure your name and address appear on your check or money order.

● Enter your daytime phone number and your SSN on your check or money order. If you are filing a joint return, enter the SSN shown first on your return. Also enter "2012 Form 1040," "2012 Form 1040A," or "2012 Form 1040EZ," whichever is appropriate.

● To help us process your payment, enter the amount on the right side of your check like this: \$ XXX.XX. Do not use dashes or lines (for example, do not enter "\$ XXX—" or "\$ XXX XX/100").

How To Send In Your 2012 Tax Return, Payment, and Form 1040-V

● Detach Form 1040-V along the dotted line.

● Do not staple or otherwise attach your payment or Form 1040-V to your return or to each other. Instead, just put them loose in the envelope.

● Mail your 2012 tax return, payment, and Form 1040-V to the address shown on the back that applies to you.

Mail To: Internal Revenue Service

P.O. BOX 37008
HARTFORD, CT 06176-0008

Form **1040-V** (2012)**q Detach Here and Mail With Your Payment and Return q**

CUT HERE

Form **1040-V**Department of the Treasury
Internal Revenue Service (99)**Payment Voucher**

OMB No. 1545-0074

2012**u Do not staple or attach this voucher to your payment or return.**

Print or type	1 Your social security number (SSN)		2 If a joint return, SSN shown second on your return	3 Amount you are paying by check or money order. Make your check or money order payable to " United States Treasury "	Dollars
	383-86-2186				68,276
	4 Your first name and initial RICHARD A			Last name CALICE JR	
	If a joint return, spouse's first name and initial			Last name	
	Home address (number and street) 10 RINGLEAF COURT		Apt. no.	City, town or post office, state, and ZIP code (If a foreign address, also complete spaces below.) COCKEYSVILLE MD 21030	
Foreign country name		Foreign province/state/country			Foreign postal code

For the year Jan. 1–Dec. 31, 2012, or other tax year beginning

, 2012, ending

, 20

See separate instructions.

Your first name and initial

RICHARD A

Last name

CALICE JR

Your social security number

383-86-2186

If a joint return, spouse's first name and initial

Last name

Spouse's social security number

376-84-6196

Home address (number and street). If you have a P.O. box, see instructions.

10 RINGLEAF COURT

Apt. no.

P Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

COCKEYSVILLE

MD

21030

Foreign country name

Foreign province/state/county

Foreign postal code

Presidential Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

☐ You☐ Spouse**Filing Status**1 ☐

Single

4 ☐Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. **U**2 ☐

Married filing jointly (even if only one had income)

3 ☒Married filing separately. Enter spouse's SSN above and full name here. **U** MELISSA J5 ☐

Qualifying widow(er) with dependent child

CALICE

Check only one box.

Exemptions6a ☒

Yourself. If someone can claim you as a dependent, do not check box 6a

b ☐

Spouse

Boxes checked on 6a and 6b **1**

No. of children on 6c who:

• lived with you **2**

• did not live with you due to divorce or separation (see instructions) _____

c Dependents:

(1) First name

Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) ☐ If child under age 17 qual. for child tax credit (see instr.)

ROCCO

CALICE

377-33-5654

SON

☒

AMELIA

CALICE

376-35-6233

DAUGHTER

☒If more than four dependents, see instructions and check here ☐

Dependents on 6c not entered above _____

d Total number of exemptions claimedAdd numbers on lines above **U** **3****Income**

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7

Wages, salaries, tips, etc. Attach Form(s) W-2

7

112,956

8a

Taxable interest. Attach Schedule B if required

8a

b

Tax-exempt interest. Do not include on line 8a

8b

9a

Ordinary dividends. Attach Schedule B if required

9a

b

Qualified dividends

9b

10

Taxable refunds, credits, or offsets of state and local income taxes

10

53

11

Alimony received

11

12

Business income or (loss). Attach Schedule C or C-EZ

12

126,689

13

Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐

13

14

Other gains or (losses). Attach Form 4797

14

15a

IRA distributions

15a

b Taxable amount

15b

14,242

16a

Pensions and annuities

16a

b Taxable amount

16b

17

Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

17

0

18

Farm income or (loss). Attach Schedule F

18

19

Unemployment compensation

19

20a

Social security benefits

20a

b Taxable amount

20b

21

Other income. List type and amount

21

22

Combine the amounts in the far right column for lines 7 through 21. This is your total income **U**

22

253,940

Adjusted Gross Income

23

Educator expenses

23

24

Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ

24

25

Health savings account deduction. Attach Form 8889

25

26

Moving expenses. Attach Form 3903

26

27

Deductible part of self-employment tax. Attach Schedule SE

27

1,697

28

Self-employed SEP, SIMPLE, and qualified plans

28

29

Self-employed health insurance deduction

29

30

Penalty on early withdrawal of savings

30

31a

Alimony paid

b Recipient's SSN **U**

31a

32

IRA deduction

32

33

Student loan interest deduction

33

34

Tuition and fees. Attach Form 8917

34

35

Domestic production activities deduction. Attach Form 8903

35

36

Add lines 23 through 35

36

1,697

37

Subtract line 36 from line 22. This is your adjusted gross income **U**

37

252,243

Tax and Credits**38** Amount from line 37 (adjusted gross income) **38** 252,243**39a** Check ☐ You were born before January 2, 1948, ☐ Blind. **Total boxes checked** **39a** ☐
if: ☐ Spouse was born before January 2, 1948, ☐ Blind. ☐**b** If your spouse itemizes on a separate return or you were a dual-status alien, check here **39b** ☐**Standard Deduction for—**

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others:

Single or Married filing separately, \$5,950

Married filing jointly or Qualifying widow(er), \$11,900

Head of household, \$8,700

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) **40** 9,869**41** Subtract line 40 from line 38 **41** 242,374**42** Exemptions. Multiply \$3,800 by the number on line 6d **42** 11,400**43** Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- **43** 230,974**44** Tax (see instr.). Check if any from: **a** ☐ Form(s) 8814 **b** ☐ Form 4972 **c** ☐ 962 elec. **44** 65,411**45** Alternative minimum tax (see instructions). Attach Form 6251 **45** 4,831**46** Add lines 44 and 45 **46** 70,242**47** Foreign tax credit. Attach Form 1116 if required **47****48** Credit for child and dependent care expenses. Attach Form 2441 **48****49** Education credits from Form 8863, line 19 **49****50** Retirement savings contributions credit. Attach Form 8880 **50****51** Child tax credit. Attach Schedule 8812, if required **51****52** Residential energy credits. Attach Form 5695 **52****53** Other credits from Form: **a** ☐ 3800 **b** ☐ 8801 **c** ☐ **53****54** Add lines 47 through 53. These are your total credits **54****55** Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- **55** 70,242**56** Self-employment tax. Attach Schedule SE **56** 3,393**57** Unreported social security and Medicare tax from Form: **a** ☐ 4137 **b** ☐ 8919 **57****58** Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required **NO** **58** 1,424**59a** Household employment taxes from Schedule H **59a****b** First-time homebuyer credit repayment. Attach Form 5405 if required **59b****60** Other taxes. Enter code(s) from instructions **60****61** Add lines 55 through 60. This is your total tax **61** 75,059**Payments**

If you have a qualifying child, attach Schedule EIC.

62 Federal income tax withheld from Forms W-2 and 1099 **62** 9,878**63** 2012 estimated tax payments and amount applied from 2011 return **63****64a** Earned income credit (EIC) **64a****b** Nontaxable combat pay election **64b****65** Additional child tax credit. Attach Schedule 8812 **65****66** American opportunity credit from Form 8863, line 8 **66****67** Reserved **67****68** Amount paid with request for extension to file **68****69** Excess social security and tier 1 RRTA tax withheld **69****70** Credit for federal tax on fuels. Attach Form 4136 **70****71** Credits from Form: **a** ☐ 2439 **b** ☐ Reserved **c** ☐ 8801 **d** ☐ 8885 **71****72** Add lines 62, 63, 64a, and 65 through 71. These are your total payments **72** 9,878**Refund****73** If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid **73****74a** Amount of line 73 you want refunded to you. If Form 8888 is attached, check here **u** ☐ **74a**

Direct deposit? See instructions.

u b Routing number **u c** Type: ☐ Checking ☐ Savings**u d** Account number**75** Amount of line 73 you want applied to your 2013 estimated tax **u** **75****Amount You Owe****76** Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions **u** **76** 65,333**77** Estimated tax penalty (see instructions) **77** 152**Third Party Designee**Do you want to allow another person to discuss this return with the IRS (see instructions)? ☒ Yes. Complete below. ☐ NoDesignee's name **u** CLIFFORD S. GELBER, CPA Personal identification number (PIN) **u** 33069 Phone no. **u** 954-969-8786**Sign Here**

Joint return? See instr. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature _____ Date _____ Your occupation **BUSINESS ANALYST** Daytime phone number _____
Spouse's signature. If a joint return, both must sign. _____ Date _____ Spouse's occupation _____ If the IRS sent you an Identity Protection PIN, enter it here (see instr.) _____Print/Type preparer's name _____ Preparer's signature _____ Date _____ Check ☐ if self-employed PTIN **P00747918****Paid**Firm's name **u** STEINER & GELBER, P.A. Firm's EIN **u** 65-0365240**Preparer**Firm's address **u** 2201 NW 30TH PLACE, SUITE A Phone no. **u** 954-969-8786**Use Only**

POMPANO BEACH FL 33069

10/15 INT 988 FTP 1,955 TOT 68,276 Form 1040 (2012)

**SCHEDULE A
(Form 1040)**Department of the Treasury
Internal Revenue Service

(99)

Name(s) shown on Form 1040

Itemized Deductions► Information about Schedule A and its separate instructions is at www.irs.gov/form1040.

► Attach to Form 1040.

OMB No. 1545-0074

2012Attachment
Sequence No. **07**

RICHARD A CALICE JR

Your social security number

383-86-2186

Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.		
1	Medical and dental expenses (see instructions)	1	
2	Enter amount from Form 1040, line 38 2		
3	Multiply line 2 by 7.5% (.075)	3	
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-		4
Taxes You Paid	5 State and local (check only one box):	5	9,869
	a <input checked="" type="checkbox"/> Income taxes, or		
	b <input type="checkbox"/> General sales taxes		
6	Real estate taxes (see instructions)	6	
7	Personal property taxes	7	
8	Other taxes. List type and amount ►	8	
9	Add lines 5 through 8		9 9,869
Interest You Paid	10 Home mortgage interest and points reported to you on Form 1098	10	
	11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ►	11	
	12 Points not reported to you on Form 1098. See instructions for special rules	12	
	13 Mortgage insurance premiums (see instructions)	13	
	14 Investment interest. Attach Form 4952 if required. (See instructions.)	14	
	15 Add lines 10 through 14		15
Gifts to Charity	16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16	
	17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17	
	18 Carryover from prior year	18	
	19 Add lines 16 through 18		19
Casualty and Theft Losses	20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)		20
Job Expenses and Certain Miscellaneous Deductions	21 Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ►	21	
	22 Tax preparation fees	22	
	23 Other expenses—investment, safe deposit box, etc. List type and amount ►	23	
	24 Add lines 21 through 23	24	
	25 Enter amount from Form 1040, line 38 25		
	26 Multiply line 25 by 2% (.02)	26	
	27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-		27
Other Miscellaneous Deductions	28 Other—from list in instructions. List type and amount ►		28
Total Itemized Deductions	29 Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40	29	9,869
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/>		

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule A (Form 1040) 2012

SCHEDULE C
(Form 1040)**Profit or Loss From Business**

(Sole Proprietorship)

OMB No. 1545-0074

2012Attachment
Sequence No. **09**Department of the Treasury
Internal Revenue Service (99)**U** For information on Schedule C and its instructions, go to www.irs.gov/schedulec.
U Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor

RICHARD A CALICE JR

Social security number (SSN)

383-86-2186

A Principal business or profession, including product or service (see instructions)

SOFTWARE CONSULTANT

B Enter code from instructions**U** 541990**C** Business name. If no separate business name, leave blank.

CALICE CONSULTING SERVICE LLC

D Employer ID number (EIN), (see instr.)

26-4748328

E Business address (including suite or room no.) **U** 10 RINGLEAF COURT

City, town or post office, state, and ZIP code COCKEYSVILLE MD 21030

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) **U****G** Did you "materially participate" in the operation of this business during 2012? If "No," see instructions for limit on losses ☒ Yes ☐ No**H** If you started or acquired this business during 2012, check here **U****I** Did you make any payments in 2012 that would require you to file Form(s) 1099? (see instructions)Yes ☒ No**J** If "Yes," did you or will you file all required Forms 1099?Yes ☐ No**Part I Income****1** Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked **U** ☐**1** 136,355**2** Returns and allowances (see instructions)**2****3** Subtract line 2 from line 1**3** 136,355**4** Cost of goods sold (from line 42)**4****5** **Gross profit.** Subtract line 4 from line 3**5** 136,355**6** Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)**6****7** **Gross income.** Add lines 5 and 6 **U****7** 136,355**Part II Expenses****Enter expenses for business use of your home only on line 30.****8** Advertising**8****18** Office expense (see instructions)**18****9** Car and truck expenses (see instructions)**9** 2,277**19** Pension and profit-sharing plans**19****10** Commissions and fees**10****20** Rent or lease (see instructions):**20a****11** Contract labor (see instructions)**11****a** Vehicles, machinery, and equipment**20a****12** Depletion**12****b** Other business property**20b****13** Depreciation and section 179 expense deduction (not included in Part III) (see instructions)**13****21** Repairs and maintenance**21****14** Employee benefit programs (other than on line 19)**14****22** Supplies (not included in Part III)**22****15** Insurance (other than health)**15****23** Taxes and licenses**23****16** Interest:**16a****24** Travel, meals, and entertainment:**24a****a** Mortgage (paid to banks, etc.)**16a****a** Travel**24a** 332**b** Other**16b****b** Deductible meals and entertainment (see instructions)**24b****17** Legal and professional services**17** 1,000**25** Utilities**25****26** Wages (less employment credits)**26****27a** Other expenses (from line 48)**27a** 2,010**b** Reserved for future use**27b****28** **Total expenses** before expenses for business use of home. Add lines 8 through 27a **U****28** 9,666**29** Tentative profit or (loss). Subtract line 28 from line 7**29** 126,689**30** Expenses for business use of your home. Attach **Form 8829**. Do **not** report such expenses elsewhere**30****31** **Net profit or (loss).** Subtract line 30 from line 29.**31** 126,689

- If a profit, enter on both **Form 1040, line 12** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2**. (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3**.

- If a loss, you **must** go to line 32.

32 If you have a loss, check the box that describes your investment in this activity (see instructions).

- If you checked 32a, enter the loss on both **Form 1040, line 12**, (or **Form 1040NR, line 13**) and on **Schedule SE, line 2**. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3**.

- If you checked 32b, you **must** attach **Form 6198**. Your loss may be limited.

32a ☐ All investment is at risk.**32b** ☐ Some investment is not at risk.

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule C (Form 1040) 2012

SCHEDULE E
(Form 1040)**Supplemental Income and Loss**

OMB No. 1545-0074

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

} Attach to Form 1040, 1040NR, or Form 1041.

2012Attachment
Sequence No. **13**Department of the Treasury
Internal Revenue Service (99)} Information about Schedule E and its separate instructions is at www.irs.gov/form1040.

Name(s) shown on return

Your social security number

RICHARD A CALICE JR

383-86-2186

Part I Income or Loss From Rental Real Estate and Royalties **Note.** If you are in the business of renting personal property, use **Schedule C or C-EZ** (see instructions). If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

A Did you make any payments in 2012 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☒ No

B If "Yes," did you or will you file all required Forms 1099? ☐ Yes ☐ No

1a Physical address of each property (street, city, state, ZIP code)**A** 620 CATALPA DR, ROYAL OAK, MI 48067**B****C**

1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	1		A 366		
B			B		
C			C		

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Income:	Properties:	A	B	C
3 Rents received	3	14,325		
4 Royalties received	4			
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7			
8 Commissions	8			
9 Insurance	9			
10 Legal and other professional fees	10	2,895		
11 Management fees	11	1,093		
12 Mortgage interest paid to banks, etc. (see instructions)	12	11,034		
13 Other interest	13			
14 Repairs	14	2,213		
15 Supplies	15			
16 Taxes	16	3,700		
17 Utilities	17			
18 Depreciation expense or depletion	18	6,524		
19 Other (list) SEE STATEMENT 1	19	1,500		
20 Total expenses. Add lines 5 through 19	20	28,959		
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	-14,634		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	0		
23a Total of all amounts reported on line 3 for all rental properties	23a	14,325		
b Total of all amounts reported on line 4 for all royalty properties	23b			
c Total of all amounts reported on line 12 for all properties	23c	11,034		
d Total of all amounts reported on line 18 for all properties	23d	6,524		
e Total of all amounts reported on line 20 for all properties	23e	28,959		
24 Income. Add positive amounts shown on line 21. Do not include any losses	24			0
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25			
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26			

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule E (Form 1040) 2012

DAA

Name of person with **self-employment** income (as shown on Form 1040)

Social security number of person

with **self-employment** income **u**

383-86-2186

Section B — Long Schedule SE**Part I Self-Employment Tax****Note.** If your only income subject to self-employment tax is **church employee income**, see instructions. Also see instructions for the definition of church employee income.**A** If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I **u** ☐**1a** Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. **Note.** Skip lines 1a and 1b if you use the farm optional method (see instructions)**1a****b** If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Y**1b** ()**2** Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report. **Note.** Skip this line if you use the nonfarm optional method (see instructions)**2** 126,689**3** Combine lines 1a, 1b, and 2**3** 126,689**4a** If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3**4a** 116,997**Note.** If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.**b** If you elect one or both of the optional methods, enter the total of lines 15 and 17 here**4b****c** Combine lines 4a and 4b. If less than \$400, **stop**; you do not owe self-employment tax.**Exception.** If less than \$400 and you had **church employee income**, enter -0- and continue **u****4c** 116,997**5a** Enter your **church employee income** from Form W-2. See instructions for definition of church employee income**5a****b** Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0-**5b** 0**6** Add lines 4c and 5b**6** 116,997**7** Maximum amount of combined wages and self-employment earnings subject to social security tax or the 4.2% portion of the 5.65% railroad retirement (tier 1) tax for 2012**7** 110,100**8a** Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation.

If \$110,100 or more, skip lines 8b through 10, and go to line 11

8a 110,100**b** Unreported tips subject to social security tax (from Form 4137, line 10)**8b****c** Wages subject to social security tax (from Form 8919, line 10)**8c****d** Add lines 8a, 8b, and 8c**8d****9** Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 **u****9****10** Multiply the **smaller** of line 6 or line 9 by 10.4% (.104)**10****11** Multiply line 6 by 2.9% (.029)**11** 3,393**12** **Self-employment tax.** Add lines 10 and 11. Enter here and on **Form 1040, line 56**, or **Form 1040NR, line 54****12** 3,393**13** **Deduction for employer-equivalent portion of self-employment tax.** Add the two following amounts.

• 59.6% (.596) of line 10.

• One-half of line 11.

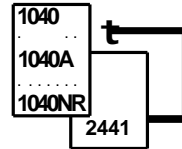
Enter the result here and on **Form 1040, line 27**, or **Form 1040NR, line 27****13**

1,697

Part II Optional Methods To Figure Net Earnings (see instructions)**Farm Optional Method.** You may use this method **only** if (a) your gross farm income¹ was not more than \$6,780, or (b) your net farm profits² were less than \$4,894.**14** Maximum income for optional methods**14** 4,520**15** Enter the **smaller** of: two-thirds (²/₃) of gross farm income¹ (not less than zero) or \$4,520. Also include this amount on line 4b above**15****Nonfarm Optional Method.** You may use this method **only** if (a) your net nonfarm profits³ were less than \$4,894 and also less than 72.189% of your gross nonfarm income,⁴ and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution.** You may use this method no more than five times.**16** Subtract line 15 from line 14**16****17** Enter the **smaller** of: two-thirds (²/₃) of gross nonfarm income⁴ (not less than zero) or the amount on line 16. Also include this amount on line 4b above**17**¹ From Sch. F, line 9, and Sch. K-1 (Form 1065), box 14, code B.² From Sch. F, line 34, and Sch. K-1 (Form 1065), box 14, code A — minus the amount you would have entered on line 1b had you not used the optional method.³ From Sch. C, line 31; Sch. C-EZ, line 3; Sch. K-1 (Form 1065), box 14, code A; and Sch. K-1 (Form 1065-B), box 9, code J1.⁴ From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C; and Sch. K-1 (Form 1065-B), box 9, code J2.

Form **2441****Child and Dependent Care Expenses**

U Attach to Form 1040, Form 1040A, or Form 1040NR.

U Information about Form 2441 and its separate instructions is at
www.irs.gov/form2441.

OMB No. 1545-0074

2012Attachment
Sequence No. **21**Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Your social security number

RICHARD A CALICE JR

383-86-2186

Part I Persons or Organizations Who Provided the Care –You must complete this part.

(If you have more than two care providers, see the instructions.)

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
	ST PAULS LUTHERAN	1609 KURTZ AVE LUTHERVILLE, MD 21093	TAX-EXEMPT 52-0670119	2,867

Did you receive
dependent care benefits?

No

Yes

U Complete only Part II below.

U Complete Part III on the back next.

Caution. If the care was provided in your home, you may owe employment taxes. If you do, you cannot file Form 1040A. For details, see the instructions for Form 1040, line 59a, or Form 1040NR, line 58a.**Part II Credit for Child and Dependent Care Expenses****2** Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2012 for the person listed in column (a)
First	Last		
ROCCO	CALICE	377-33-5654	1,433
AMELIA	CALICE	376-35-6233	1,434

3 Add the amounts in column (c) of line 2. **Do not** enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31**3** 0**4** Enter your **earned income**. See instructions**4** 237,948**5** If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions); **all others**, enter the amount from line 4**5** 237,948**6** Enter the **smallest** of line 3, 4, or 5**6** 0**7** Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37**7** 252,243**8** Enter on line 8 the decimal amount shown below that applies to the amount on line 7

If line 7 is:

Over	But not over	Decimal amount is
------	--------------	-------------------

\$0 – 15,000	.35
15,000 – 17,000	.34
17,000 – 19,000	.33
19,000 – 21,000	.32
21,000 – 23,000	.31
23,000 – 25,000	.30
25,000 – 27,000	.29
27,000 – 29,000	.28

If line 7 is:

Over	But not over	Decimal amount is
------	--------------	-------------------

\$29,000 – 31,000	.27
31,000 – 33,000	.26
33,000 – 35,000	.25
35,000 – 37,000	.24
37,000 – 39,000	.23
39,000 – 41,000	.22
41,000 – 43,000	.21
43,000 – No limit	.20

8 X .20**9** Multiply line 6 by the decimal amount on line 8. If you paid 2011 expenses in 2012, see the instructions**9****10** Tax liability limit. Enter the amount from the Credit

Limit Worksheet in the instructions

10 70,242**11** **Credit for child and dependent care expenses.** Enter the **smaller** of line 9 or line 10 here and on Form 1040, line 48; Form 1040A, line 29; or Form 1040NR, line 46**11****For Paperwork Reduction Act Notice, see your tax return instructions.**Form **2441** (2012)

RICHARD A CALICE JR

383-86-2186

Form 2441 (2012)

Page **2****Part III Dependent Care Benefits**

12 Enter the total amount of dependent care benefits you received in 2012. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. Do not include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership	12	2,867
13 Enter the amount, if any, you carried over from 2011 and used in 2012 during the grace period. See instructions	13	
14 Enter the amount, if any, you forfeited or carried forward to 2013. See instructions	14	
15 Combine lines 12 through 14. See instructions	15	2,867
16 Enter the total amount of qualified expenses incurred in 2012 for the care of the qualifying person(s)	16	2,867
17 Enter the smaller of line 15 or 16	17	2,867
18 Enter your earned income . See instructions	18	237,948
19 Enter the amount shown below that applies to you. <ul style="list-style-type: none"> If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions for line 5). If married filing separately, see instructions. All others, enter the amount from line 18. 	19	237,948
20 Enter the smallest of line 17, 18, or 19	20	2,867
21 Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 19)	21	5,000
22 Is any amount on line 12 from your sole proprietorship or partnership? (Form 1040A filers go to line 25.) <input checked="" type="checkbox"/> No. Enter -0-. <input type="checkbox"/> Yes. Enter the amount here	22	0
23 Subtract line 22 from line 15	23	2,867
24 Deductible benefits. Enter the smallest of line 20, 21, or 22. Also, include this amount on the appropriate line(s) of your return. See instructions	24	
25 Excluded benefits. Form 1040 and 1040NR filers: If you checked "No" on line 22, enter the smaller of line 20 or 21. Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero or less, enter -0-. Form 1040A filers: Enter the smaller of line 20 or line 21	25	2,867
26 Taxable benefits. Form 1040 and 1040NR filers: Subtract line 25 from line 23. If zero or less, enter -0-. Also, include this amount on Form 1040, line 7; or Form 1040NR, line 8. On the dotted line next to Form 1040, line 7; or Form 1040NR, line 8, enter "DCB." Form 1040A filers: Subtract line 25 from line 15. Also, include this amount on Form 1040A, line 7. In the space to the left of line 7, enter "DCB"	26	0

To claim the child and dependent care credit, complete lines 27 through 31 below.

27 Enter \$3,000 (\$6,000 if two or more qualifying persons)	27	6,000
28 Form 1040 and 1040NR filers: Add lines 24 and 25. Form 1040A filers: Enter the amount from line 25	28	2,867
29 Subtract line 28 from line 27. If zero or less, stop . You cannot take the credit. Exception. If you paid 2011 expenses in 2012, see the instructions for line 9	29	3,133
30 Complete line 2 on the front of this form. Do not include in column (c) any benefits shown on line 28 above. Then, add the amounts in column (c) and enter the total here	30	0
31 Enter the smaller of line 29 or 30. Also, enter this amount on line 3 on the front of this form and complete lines 4 through 11	31	0

Form **2441** (2012)

Form

6251**Alternative Minimum Tax—Individuals**

OMB No. 1545-0074

Information about Form 6251 and its separate instructions is at www.irs.gov/form6251.**2012**Department of the Treasury
Internal Revenue Service (99)

Attach to Form 1040 or Form 1040NR.

Attachment
Sequence No. **32**

Name(s) shown on Form 1040 or Form 1040NR

RICHARD A CALICE JR

Your social security number

383-86-2186

Part I Alternative Minimum Taxable Income (See instructions for how to complete each line.)

1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount.)	1	242,374
2	Medical and dental. Enter the smaller of Schedule A (Form 1040), line 4, or 2.5% (.025) of Form 1040, line 38. If zero or less, enter -0-	2	
3	Taxes from Schedule A (Form 1040), line 9	3	9,869
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line	4	
5	Miscellaneous deductions from Schedule A (Form 1040), line 27	5	
6	Skip this line. It is reserved for future use	6	
7	Tax refund from Form 1040, line 10 or line 21	7	(53)
8	Investment interest expense (difference between regular tax and AMT)	8	
9	Depletion (difference between regular tax and AMT)	9	
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	10	
11	Alternative tax net operating loss deduction	11	()
12	Interest from specified private activity bonds exempt from the regular tax	12	
13	Qualified small business stock (7% of gain excluded under section 1202)	13	
14	Exercise of incentive stock options (excess of AMT income over regular tax income)	14	
15	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	15	
16	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	16	
17	Disposition of property (difference between AMT and regular tax gain or loss)	17	
18	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	18	
19	Passive activities (difference between AMT and regular tax income or loss)	19	0
20	Loss limitations (difference between AMT and regular tax income or loss)	20	0
21	Circulation costs (difference between regular tax and AMT)	21	
22	Long-term contracts (difference between AMT and regular tax income)	22	
23	Mining costs (difference between regular tax and AMT)	23	
24	Research and experimental costs (difference between regular tax and AMT)	24	
25	Income from certain installment sales before January 1, 1987	25	()
26	Intangible drilling costs preference	26	
27	Other adjustments, including income-based related adjustments	27	
28	Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately, see instructions.)	28	257,113

Part II Alternative Minimum Tax (AMT)

29	Exemption. See instructions	29	
30	Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 31, 33, and 35, and go to line 34	30	257,113
31	<ul style="list-style-type: none"> If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter. If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 54 here. All others: If line 30 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result. 	31	70,242
32	Alternative minimum tax foreign tax credit (see instructions)	32	
33	Tentative minimum tax. Subtract line 32 from line 31	33	70,242
34	Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 47). If you used Schedule J to figure your tax, the amount from line 44 of Form 1040 must be refigured without using Schedule J (see instructions)	34	65,411
35	AMT. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45	35	4,831

For Paperwork Reduction Act Notice, see your tax return instructions.

Form **6251** (2012)

Form

8889**Health Savings Accounts (HSAs)**

OMB No. 1545-0074

2012Attachment
Sequence No. **53**Department of the Treasury
Internal Revenue ServiceInformation about Form 8889 and its separate instructions is available at www.irs.gov/form8889.

Attach to Form 1040 or Form 1040NR.

Name(s) shown on Form 1040 or Form 1040NR

RICHARD A

CALICE JR

Social security number of HSA

beneficiary. If both spouses have

HSAs, see instructions **383-86-2186****Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2012 (see instructions) <input checked="" type="checkbox"/> Self-only <input type="checkbox"/> Family	
2	HSA contributions you made for 2012 (or those made on your behalf), including those made from January 1, 2013, through April 15, 2013, that were for 2012. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions)	2
3	If you were under age 55 at the end of 2012, and on the first day of every month during 2012, you were, or were considered, an eligible individual with the same coverage, enter \$3,100 (\$6,250 for family coverage). All others , see the instructions for the amount to enter	3
4	Enter the amount you and your employer contributed to your Archer MSAs for 2012 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2012, also include any amount contributed to your spouse's Archer MSAs	4
5	Subtract line 4 from line 3. If zero or less, enter -0-	5
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2012, see the instructions for the amount to enter	6
7	If you were age 55 or older at the end of 2012, married, and you or your spouse had family coverage under an HDHP at any time during 2012, enter your additional contribution amount (see instructions)	7
8	Add lines 6 and 7	8
9	Employer contributions made to your HSAs for 2012	9
10	Qualified HSA funding distributions	10
11	Add lines 9 and 10	11
12	Subtract line 11 from line 8. If zero or less, enter -0-	12
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Form 1040, line 25, or Form 1040NR, line 25	13
Caution: If line 2 is more than line 13, you may have to pay an additional tax (see instructions).		

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2012 from all HSAs (see instructions)	14a	4,676
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions)	14b	
c	Subtract line 14b from line 14a	14c	4,676
15	Unreimbursed qualified medical expenses (see instructions)	15	4,676
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount	16	0
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here <input type="checkbox"/>		
b	Additional 20% tax (see instructions). Enter 20% (.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Form 1040, line 60, or Form 1040NR, line 59. On the dotted line next to Form 1040, line 60, or Form 1040NR, line 59, enter "HSA" and the amount	17b	

For Paperwork Reduction Act Notice, see your tax return instructions.Form **8889** (2012)

Part III **Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18 Last-month rule	18	
19 Qualified HSA funding distribution	19	
20 Total income. Add lines 18 and 19. Include this amount on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to Form 1040, line 21, or Form 1040NR, line 21, enter "HSA" and the amount	20	
21 Additional tax. Multiply line 20 by 10% (.10). Include this amount in the total on Form 1040, line 60, or Form 1040NR, line 59. On the dotted line next to Form 1040, line 60, or Form 1040NR, line 59, enter "HDHP" and the amount	21	

Form **8889** (2012)

Form **8582****Passive Activity Loss Limitations**

OMB No. 1545-1008

Department of the Treasury
Internal Revenue Service (99)

U See separate instructions.

U Attach to Form 1040 or Form 1041.

U Information about Form 8582 and its instructions is available at www.irs.gov/form8582.**2012**Attachment
Sequence No. **88**

Name(s) shown on return

Identifying number

RICHARD A CALICE JR

383-86-2186

Part I 2012 Passive Activity Loss**Caution:** Complete Worksheets 1, 2, and 3 before completing Part I.**Rental Real Estate Activities With Active Participation** (For the definition of active participation, see**Special Allowance for Rental Real Estate Activities** in the instructions.)

1a Activities with net income (enter the amount from Worksheet 1, column (a))	1a		
b Activities with net loss (enter the amount from Worksheet 1, column (b))	1b	14,634	
c Prior years unallowed losses (enter the amount from Worksheet 1, column (c))	1c		
d Combine lines 1a, 1b, and 1c	1d		-14,634

Commercial Revitalization Deductions From Rental Real Estate Activities

2a Commercial revitalization deductions from Worksheet 2, column (a)	2a		
b Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)	2b		
c Add lines 2a and 2b	2c		

All Other Passive Activities

3a Activities with net income (enter the amount from Worksheet 3, column (a))	3a		
b Activities with net loss (enter the amount from Worksheet 3, column (b))	3b		
c Prior years unallowed losses (enter the amount from Worksheet 3, column (c))	3c		
d Combine lines 3a, 3b, and 3c	3d		

4 Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used	4		-14,634
--	----------	--	---------

- If line 4 is a loss and:
- Line 1d is a loss, go to Part II.
 - Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
 - Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II or Part III. Instead, go to line 15.**Part II Special Allowance for Rental Real Estate Activities With Active Participation****Note:** Enter all numbers in Part II as positive amounts. See instructions for an example.

5 Enter the smaller of the loss on line 1d or the loss on line 4	5	14,634
6 Enter \$150,000. If married filing separately, see instructions	6	
7 Enter modified adjusted gross income, but not less than zero (see instructions)	7	253,940
Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.		
8 Subtract line 7 from line 6	8	
9 Multiply line 8 by 50% (.5). Do not enter more than \$25,000. If married filing separately, see instructions	9	
10 Enter the smaller of line 5 or line 9	10	0

If line 2c is a loss, go to Part III. Otherwise, go to line 15.

Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities**Note:** Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.

11 Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions	11	
12 Enter the loss from line 4	12	
13 Reduce line 12 by the amount on line 10	13	
14 Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13	14	

Part IV Total Losses Allowed

15 Add the income, if any, on lines 1a and 3a and enter the total	15	
16 Total losses allowed from all passive activities for 2012. Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return	16	0

For Paperwork Reduction Act Notice, see instructions.Form **8582** (2012)

RICHARD A CALICE JR

383-86-2186

Form 8582 (2012)

Page **2****Caution:** The worksheets must be filed with your tax return. Keep a copy for your records.**Worksheet 1—For Form 8582, Lines 1a, 1b, and 1c** (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
620 CATALPA DR		14,634			14,634
Total. Enter on Form 8582, lines 1a, 1b, and 1c		14,634			

Worksheet 2—For Form 8582, Lines 2a and 2b (See instructions.)

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
Total. Enter on Form 8582, lines 2a and 2b			

Worksheet 3—For Form 8582, Lines 3a, 3b, and 3c (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
Total. Enter on Form 8582, lines 3a, 3b, and 3c					

Worksheet 4—Use this worksheet if an amount is shown on Form 8582, line 10 or 14 (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
Total			1.00		

Worksheet 5—Allocation of Unallowed Losses (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
620 CATALPA DR	SCH E1	14,634	1.0000	14,634
Total		14,634	1.00	14,634

RICHARD A CALICE JR

383-86-2186

Form 8582 (2012)

Page **3****Worksheet 6—Allowed Losses** (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
620 CATALPA DR	SCH E1	14,634	14,634	
Total	U	14,634	14,634	

Worksheet 7—Activities With Losses Reported on Two or More Forms or Schedules (See instructions.)

Name of activity:	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule U					
b Net income from form or schedule U					
c Subtract line 1b from line 1a. If zero or less, enter -0- U					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule U					
b Net income from form or schedule U					
c Subtract line 1b from line 1a. If zero or less, enter -0- U					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule U					
b Net income from form or schedule U					
c Subtract line 1b from line 1a. If zero or less, enter -0- U					
Total U			1.00		

Form **8582** (2012)

AMT VERSION
Passive Activity Loss Limitations

Form **8582**

OMB No. 1545-1008

Department of the Treasury
Internal Revenue Service

(99)

U See separate instructions.
 U Attach to Form 1040 or Form 1041.
 U Information about Form 8582 and its instructions is available at www.irs.gov/form8582.

2012Attachment
Sequence No.**88**

Name(s) shown on return

Identifying number

RICHARD A CALICE JR

383-86-2186

Part I 2012 Passive Activity Loss**Caution:** Complete Worksheets 1, 2, and 3 before completing Part I.**Rental Real Estate Activities With Active Participation** (For the definition of active participation, see**Special Allowance for Rental Real Estate Activities** in the instructions.)**1a** Activities with net income (enter the amount from Worksheet 1, column (a))**1a****b** Activities with net loss (enter the amount from Worksheet 1, column (b))**1b**

14,634

c Prior years unallowed losses (enter the amount from Worksheet 1, column (c))**1c****d** Combine lines 1a, 1b, and 1c**1d**

-14,634

Commercial Revitalization Deductions From Rental Real Estate Activities**2a** Commercial revitalization deductions from Worksheet 2, column (a)**2a****b** Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)**2b****c** Add lines 2a and 2b**2c****All Other Passive Activities****3a** Activities with net income (enter the amount from Worksheet 3, column (a))**3a****b** Activities with net loss (enter the amount from Worksheet 3, column (b))**3b****c** Prior years unallowed losses (enter the amount from Worksheet 3, column (c))**3c****d** Combine lines 3a, 3b, and 3c**3d****4** Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used**4**

-14,634

If line 4 is a loss and:

- Line 1d is a loss, go to Part II.
- Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
- Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II or Part III. Instead, go to line 15.**Part II Special Allowance for Rental Real Estate Activities With Active Participation****Note:** Enter all numbers in Part II as positive amounts. See instructions for an example.**5** Enter the **smaller** of the loss on line 1d or the loss on line 4**5**

14,634

6 Enter \$150,000. If married filing separately, see instructions**6****7** Enter modified adjusted gross income, but not less than zero (see instructions)**7**

253,940

Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.**8** Subtract line 7 from line 6**8****9** Multiply line 8 by 50% (.5). **Do not** enter more than \$25,000. If married filing separately, see instructions**9****10** Enter the **smaller** of line 5 or line 9**10**

0

If line 2c is a loss, go to Part III. Otherwise, go to line 15.

Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities**Note:** Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.**11** Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions**11****12** Enter the loss from line 4**12****13** Reduce line 12 by the amount on line 10**13****14** Enter the **smallest** of line 2c (treated as a positive amount), line 11, or line 13**14****Part IV Total Losses Allowed****15** Add the income, if any, on lines 1a and 3a and enter the total**15****16** **Total losses allowed from all passive activities for 2012.** Add lines 10, 14, and 15. See**16**

0

instructions to find out how to report the losses on your tax return

For Paperwork Reduction Act Notice, see instructions.Form **8582** (2012)

Caution: The worksheets must be filed with your tax return. Keep a copy for your records.**Worksheet 1—For Form 8582, Lines 1a, 1b, and 1c** (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
620 CATALPA DR		14,634			14,634
Total. Enter on Form 8582, lines 1a, 1b, and 1c		14,634			

Worksheet 2—For Form 8582, Lines 2a and 2b (See instructions.)

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
Total. Enter on Form 8582, lines 2a and 2b			

Worksheet 3—For Form 8582, Lines 3a, 3b, and 3c (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
Total. Enter on Form 8582, lines 3a, 3b, and 3c					

Worksheet 4—Use this worksheet if an amount is shown on Form 8582, line 10 or 14 (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
Total			1.00		

Worksheet 5—Allocation of Unallowed Losses (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
620 CATALPA DR	SCH E1	14,634	1.0000	14,634
Total		14,634	1.00	14,634

RICHARD A CALICE JR

383-86-2186

Form 8582 (2012)

Page **3****Worksheet 6—Allowed Losses** (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
620 CATALPA DR	SCH E1	14,634	14,634	
Total	U	14,634	14,634	

Worksheet 7—Activities With Losses Reported on Two or More Forms or Schedules (See instructions.)

Name of activity:	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule U					
b Net income from form or schedule U					
c Subtract line 1b from line 1a. If zero or less, enter -0- U					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule U					
b Net income from form or schedule U					
c Subtract line 1b from line 1a. If zero or less, enter -0- U					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule U					
b Net income from form or schedule U					
c Subtract line 1b from line 1a. If zero or less, enter -0- U					
Total U			1.00		

Form **8582** (2012)

Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

2012Attachment
Sequence No. **179**Department of the Treasury
Internal Revenue Service

(99)

☐ See separate instructions.☐ Attach to your tax return.

Name(s) shown on return

RICHARD A CALICE JR

Identifying number

383-86-2186

Business or activity to which this form relates

620 CATALPA DR

Part I Election To Expense Certain Property Under Section 179**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2011 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2012	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2012 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	01/01/12	187,200	27.5 yrs.	MM	S/L	6,524
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	6,524
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.Form **4562** (2012)

Federal Statements

620 CATALPA DR

Statement 1 - Schedule E, Line 19 - Other Expenses

<u>Description</u>	<u>Gross Amount</u>	<u>Business Use Percentage</u>	<u>Net Amount</u>
LEASING FEE	\$ 1,500		\$ 1,500
TOTAL	<u>\$ 1,500</u>		<u>\$ 1,500</u>

Form **1040****Auto Worksheet****2012**

Name

RICHARD A CALICE JR

Taxpayer Identification Number

383-86-2186

Description

SOFTWARE CONSULTANT

Form/Schedule

C

Unit number

1

Vehicle 1 - Date

01/01/09

Description

AUTO

Vehicle 2 - Date

Description

Vehicle 3 - Date

Description

General Information**Vehicle 1****Vehicle 2****Vehicle 3**

- | | | | |
|--|----------|--|--|
| 1. Total mileage | 4,102 | | |
| 2. Business miles (55.5 cents per mile) | 4,102 | | |
| 3. Commuting mileage | | | |
| 4. Other mileage | | | |
| 5. Business use percentage | 100.00 % | | |

Actual Expenses

- | | | | |
|--|----------|--|--|
| 6. Parking fees and tolls | | | |
| 7 a. Gasoline, oil, repairs, insurance, etc. | | | |
| b. Interest, registration & taxes | | | |
| c. Vehicle rentals (net of inclusion amount) | | | |
| 8. Total expenses. Add lines 7a - 7c | | | |
| 9. Business use percentage from line 5 | 100.00 % | | |
| 10. Business use portion of actual expenses | | | |
| 11. Depreciation | | | |
| 12. Total actual expense allowable. Add lines 6, 10 and 11 | | | |

Standard Mileage Rate Method

- | | | | |
|---|-------|--|--|
| 13. Business mileage (line 2) multiplied by applicable rate | 2,277 | | |
| 14. Parking fees and tolls from line 6 | | | |
| 15. Line 7b (Int & taxes only) multiplied by bus pct (line 5) | | | |
| 16. Standard mileage rate | 2,277 | | |

Vehicle 4 - Date

Description

Vehicle 5 - Date

Description

Vehicle 6 - Date

Description

General Information**Vehicle 4****Vehicle 5****Vehicle 6**

- | | | | |
|--|--|--|--|
| 1. Total mileage | | | |
| 2. Business miles (55.5 cents per mile) | | | |
| 3. Commuting mileage | | | |
| 4. Other mileage | | | |
| 5. Business use percentage | | | |

Actual Expenses

- | | | | |
|--|--|--|--|
| 6. Parking fees and tolls | | | |
| 7 a. Gasoline, oil, repairs, insurance, etc. | | | |
| b. Interest, registration & taxes | | | |
| c. Vehicle rentals (net of inclusion amount) | | | |
| 8. Total expenses. Add lines 7a - 7c | | | |
| 9. Business use percentage from line 5 | | | |
| 10. Business use portion of actual expenses | | | |
| 11. Depreciation | | | |
| 12. Total actual expense allowable. Add lines 6, 10 and 11 | | | |

Standard Mileage Rate Method

- | | | | |
|---|--|--|--|
| 13. Business mileage (line 2) multiplied by applicable rate | | | |
| 14. Parking fees and tolls from line 6 | | | |
| 15. Line 7b (Int & taxes only) multiplied by bus pct (line 5) | | | |
| 16. Standard mileage rate | | | |

Vehicle expense

Vehicle rentals

Vehicle depreciation

Total allowable deduction**Allowable Deduction**

2,277

2,277

Form **1040****General Sales Tax Deduction Worksheet****2012**

Name as shown on return

RICHARD A CALICE JR

Taxpayer Identification Number

383-86-2186

State of

MARYLAND

Locality of

General Sales Tax from IRS Tables

1. Enter the amount of adjusted gross income (AGI) from Form 1040, Line 37 1. 252,243
2. Add the nontaxable amounts from Form 1040, lines 8b, 15a, 16a, 20a (Exclude rollovers and tax-free Sec. 1035 exchanges) 2. _____
3. Add the following nontaxable items: nontaxable combat pay, public assistance, veteran's benefits, and workers' compensation. Also include any amounts which increase spendable income, such as the refundable portion of refundable tax credits received in 2012 3. _____
4. Add lines 1 through 3, this is income for general sales tax table purposes 4. 252,243
5. Enter the amount from the sales tax table in the Schedule A instructions. 5. 1,611
Part-year residents, complete lines 6 - 8; Full-year residents skip lines 6 - 8 and enter the amount from line 5 on line 9
6. Enter the number of days of residence in state 6. _____
7. Total days in year 7. 366
8. Divide line 6 by line 7 (rounded to at least 3 decimal places) 8. _____
9. Multiply line 5 by line 8, this is the deductible general sales tax using the IRS table. 9. 1,611

Local Sales Tax Using IRS Tables

10. Enter the amount from the sales tax table in the Schedule A instructions. 10. _____
11. If you are a resident of Alaska, Arizona, Arkansas, Colorado, Georgia, Illinois, Louisiana, Missouri, New York State, North Carolina, South Carolina, Tennessee, Utah, Virginia, or West Virginia, enter the amount from the applicable Optional Local Sales Tax Table in the Schedule A instructions. 11. _____
12. Enter the local general sales tax rate (exclude statewide local sales tax rate) 12. _____
13. Enter the state general sales tax rate (include statewide local sales tax rate) 13. _____
14. Divide line 12 by line 13 (rounded to at least 3 decimal places) 14. _____
15. If you entered an amount on line 11, multiply line 11 by line 12. This is the local sales tax using the optional local sales tax tables.
Part-year residents, complete lines 16 - 18; Full-year residents skip lines 16 - 18 and enter the amount from line 15 on line 19
If you did not enter an amount on line 11, multiply line 10 by line 14. This is the local sales tax using the optional state and certain local sales tax tables.
Part-year residents, complete lines 16 - 18; Full-year residents skip lines 16 - 18 and enter the amount from line 15 on line 19 15. _____
16. Enter the number of days of residence in locality 16. _____
17. Total days in year 17. 366
18. Divide line 16 by line 17 (rounded to at least 3 decimal places) 18. _____
19. Multiply line 15 by line 18. This is the deductible general local sales tax using the IRS tables. 19. _____

General Sales Tax Summary

20. Enter the sum of line 9 from all General Sales Tax Deduction Worksheets 20. 1,611
21. Enter the sum of line 19 from all General Sales Tax Deduction Worksheets 21. _____
22. Add lines 20 and 21, this is the total General Sales taxes using the tables 22. 1,611
23. Enter the actual state and local general sales taxes paid 23. _____
24. Enter the greater of line 22 or line 23 24. 1,611
25. Enter the state and local taxes paid on specified items (major purchases) 25. _____
26. Add lines 24 and 25, this is the deductible General Sales tax 26. 1,611
27. Enter total state and local income taxes paid 27. 9,869

Enter the greater of line 26 or 27 on Schedule A, line 5. If line 26 is greater, mark Schedule A, line 5b. If line 27 is greater, mark Schedule A, line 5a.

Form **1040****AMT Home Mortgage Interest and MFS Additional AMTI Worksheets****2012**

Name

RICHARD A CALICE JR

Taxpayer Identification Number

383-86-2186

Home Mortgage Interest Adjustment Worksheet - Form 6251, Line 4

1. Enter the total of the home mortgage interest you deducted on lines 10 through 12 of Schedule A (Form 1040) and any qualified mortgage insurance premiums you deducted on line 13 of Schedule A (Form 1040) **1.** _____
2. Enter the part, if any, of the interest included on line 1 above that was paid on an eligible mortgage (defined in the 6251 instructions). Include any qualified mortgage insurance premiums included on line 1 above above that were paid in connection with an eligible mortgage **2.** _____
3. Enter the part, if any, of the interest included on line 1 above that was paid on a mortgage whose proceeds were used in a refinancing (including a second or later refinancing) of an eligible mortgage. Include any qualified mortgage insurance premiums included on the mortgage. Do not include any interest paid on (or any qualified mortgage insurance premiums paid in connection with) the part of the balance of the new mortgage that exceeded the balance of the original eligible mortgage immediately before it was refinanced (or, if smaller, the balance of any prior mortgage immediately before that mortgage was refinanced) **3.** _____
4. Enter the part, if any, of the interest included on line 1 above that was paid on a mortgage:
 - Taken out before July 1, 1982, and
 - Secured, at the time the mortgage was taken out, by your main home or a qualified dwelling used by you or your family (see 6251 instructions for definitions). Do not include any amount entered on line 2 or line 3 above **4.** _____
5. Add lines 2 through 4 **5.** _____
6. Subtract line 5 from line 1 and enter the result on Form 6251, line 4 **6.** _____

Married Filing Separately Additional AMTI Worksheet

If your filing status is married filing separately and Form 6251, line 28 is more than \$232,500, you must include an additional amount on Form 6251, line 28. Complete this worksheet to calculate the additional amount.

1. Combine the amounts on lines 1 through 27 of Form 6251 and enter the amount here **1.** 252,190
2. Is the amount on line 1 greater than or equal to \$390,000?
 - ☐ Yes. Skip lines 2 through 4 and enter \$39,375 on line 5
 - ☒ No. Enter \$232,500 **2.** 232,500
3. Subtract line 2 from line 1. If zero or less, **stop here**; enter the amount from line 1 above on Form 6251, line 28 **3.** 19,690
4. Multiply line 3 by 25% (.25) **4.** 4,923
5. Enter the **smaller of** line 4 or \$39,375 **5.** 4,923
6. Add lines 1 and 5. Enter the total here and on Form 6251, line 28 **6.** 257,113

Form **1040****AMT Disposition of Property/Exemption Worksheets****2012**

Name

RICHARD A CALICE JR

Taxpayer Identification Number

383-86-2186

Form 6251, Line 17 - Disposition of Property (difference between AMT and Regular Tax Gain or Loss)

1. Enter the amount of the AMT ordinary gain(loss) calculated on line 17 of AMT 4797 1. _____
2. Enter the amount of ordinary gain(loss) calculated on Form 4797, line 17 2. _____
3. Subtract line 2 from line 1. This is the adjustment from the disposition of ordinary income property. 3. 0
4. Enter the amount of the AMT taxable gain(loss) calculated on the AMT Sch D 4. _____
5. Enter the amount of the taxable capital gain(loss) reported 1040 line 13 5. _____
6. Subtract line 5 from line 4. This is the adjustment from the disposition of capital income property. 6. 0
7. Add lines 3 and 6. This is the **difference between AMT and regular tax gain or loss.**
Enter the disposition of property adjustment on Form 6251 line 17 7. 0

Form 6251, Line 29 - Exemption Worksheet

1. Enter \$50,600 if single or head of household; \$78,750 if married filing jointly or qualifying widow(er); \$39,375 if married filing separately 1. 39,375
2. Enter your alternative minimum taxable income (AMTI) from Form 6251, line 28 2. 257,113
3. Enter \$112,500 if single or head of household; \$150,000 if married filing jointly or qualifying widow(er); \$75,000 if married filing separately 3. 75,000
4. Subtract line 3 from line 2. If zero or less, enter -0- 4. 182,113
5. Multiply line 4 by 25% (.25) 5. 45,528
6. Subtract line 5 from line 1. If zero or less, enter -0-. If any of the three conditions under Certain Children Under Age 24 apply to you, complete lines 7 through 10. Otherwise, **stop here** and enter this amount on Form 6251, line 29, and go to Form 6251, line 30 6. 0
7. Minimum exemption amount for certain children under age 24 7. _____
8. Enter your **earned income**, if any. See instructions 8. _____
9. Add lines 7 and 8 9. _____
10. Enter the **smaller** of line 6 or line 9 here and on Form 6251, line 29, and go to Form 6251, line 30 10. _____

Form **1040****AMT Passive Activity and Loss Limit Adjustment Worksheet****2012**

Name

RICHARD A CALICE JR

Taxpayer Identification Number

383-86-2186

	Activity Name	Form/Schedule	Unit	Basis	At-risk	Passive	PTP	Farm
Column A	620 CATALPA DR	SCH E	1			X		
Column B								
Column C								
Column D								
Column E								

Current Inc / (Loss) Before Adjustments:

	Column A	Column B	Column C	Column D	Column E
1a Sch C, E, F / 4835 Inc/(Loss)	-14,634				
1b K1 Rec Sch E, P2 Inc / (Loss)					
1c K1 Rec Sch E, P1 Inc / (Loss)					
1d K1 Rec 1040, P1 Inc / (Loss)					
1e K1 Rec Sch A Deductions					
1f K1 Rec Form 4684 Losses					
1g K1 Rec Other Deductions					
1 Total Current Inc / (Loss) (Lines 1a to 1g)	-14,634				

Adjustments & Preference Items:

2a Depreciation post '86					
2b Depletion					
2c Circulation expenditures					
2d Depreciation pre '87					
2e Long-term contracts					
2f Research & experimental					
2g Tax shelter farm					
2h Large partnership					
2i Mining costs / amortization / patron's adj					
2j Trust/Estate adjustment					
2 Total Adjustment & Preference (Lines 2a to 2j)					

Alternative Minimum Tax Income:

3a Current Inc/(Loss) (from Line 1) ^{+At-risk recapture} _{-Excess distribution}	-14,634				
3b Adjustments & Preference (from Line 2)					
3c PY Suspended Basis					
3d Disallowed Basis					
3e PY Suspended At-Risk					
3f Disallowed At-Risk					
3g Section 179 Adjustment + Excess Farm					
3h PY Suspended Passive					
3i Disallowed Passive	14,634				
3 AMT Income / Loss (Line 3a to 3i)	0				

Regular Tax Income:

4a Current Inc/(Loss) (from Line 1) ^{+At-risk recapture} _{-Excess distribution}	-14,634				
4b PY Suspended Basis					
4c Disallowed Basis					
4d PY Suspended At-Risk					
4e Disallowed At-Risk					
4f Section 179 Adjustment + Excess Farm					
4g PY Suspended Passive					
4h Disallowed Passive	14,634				
4 Regular Tax Inc / (Loss) (Lines 4a to 4h)	0				

Form 6251, Line 19 - Passive Activities (All activities marked passive or PTP)

5 Passive Activities (Line 3 less Line 4)	0				
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Form 6251, Line 20 - Loss Limitations (All activities not marked passive or PTP)

6 Loss Limitation Activities (Line 3 less Line 4)					
---	--	--	--	--	--

TOTAL OF ALL PASSIVE ACTIVITIES TO FORM 6251, LINE 19

0

Form 1040	Nonrefundable Personal Credit Limitation Worksheet	2012
Name RICHARD A CALICE JR		Taxpayer Identification Number 383-86-2186

Amounts from tax return

a. Regular tax (Form 1040, line 44)	a. <u>65,411</u>	g. CTC, line 11 wrk, line 12	g. _____	m. Form 8834, line 23	m. _____
b. AMT (Form 1040, line 45)	b. <u>4,831</u>	h. Child tax cr (Form 1040, line 51)	h. _____	n. Form 8859, line 7	n. _____
c. Foreign tax cr (Form 1040, line 47)	c. _____	i. Form 5695, line 32	i. _____	o. Form 8910, line 22	o. _____
d. Child care cr (Form 1040, line 48)	d. _____	j. Form 5695, line 17	j. _____	p. Form 8936, line 23	p. _____
e. Education cr (Form 1040, line 49)	e. _____	k. Form 8396, line 9	k. _____	q. Form 8834, line 30	q. _____
f. Retirement cr (Form 1040, line 50)	f. _____	l. Elderly cr (Sch R, line 22)	l. _____	r. Form 3800, line 38	r. _____
				s. Form 8839, line 12	s. _____

	Form 2441	Schedule R	Form 8880	Form 5695, Part II	Form 5695, Part I
1. Total tax available	1. <u>70,242</u>	_____	_____	_____	_____
2. Other nonrefundable personal credits allowed	2. _____	_____	_____	_____	_____
3. Limitation based on tax liability, line 1 minus line 2	3. <u>70,242</u>	_____	_____	_____	_____
4. Amount from line 3 reported on	4. <u>F2441, LN 10</u>	_____	_____	_____	_____
5. Code(s) for tax amount(s) from above	5. <u>A B</u>	_____	_____	_____	_____
6. Code(s) for credit amount(s) from above	6. <u>C</u>	_____	_____	_____	_____

	Form 8834, Sec C	Form 8910, Part III	Form 8911, Part III	Form 8936, Part III	Form 8396
1. Total tax available	1. _____	_____	_____	_____	_____
2. Other nonrefundable personal credits allowed	2. _____	_____	_____	_____	_____
3. Limitation based on tax liability, line 1 minus line 2	3. _____	_____	_____	_____	_____
4. Amount from line 3 reported on	4. _____	_____	_____	_____	_____
5. Code(s) for tax amount(s) from above	5. _____	_____	_____	_____	_____
6. Code(s) for credit amount(s) from above	6. _____	_____	_____	_____	_____

	Form 8839	Form 8859	Form 8801
1. Total tax available	1. _____	_____	_____
2. Other nonrefundable personal credits allowed	2. _____	_____	_____
3. Limitation based on tax liability, line 1 minus line 2	3. _____	_____	_____
4. Amount from line 3 reported on	4. _____	_____	_____
5. Code(s) for tax amount(s) from above	5. _____	_____	_____
6. Code(s) for credit amount(s) from above	6. _____	_____	_____

Form 8863, Line 19

1. Enter the amount from Form 8863, line 18	11. Enter the total of code(s) c, d, and l from above
2. Lines 2 - 7 are reserved for future use	12. Subtract line 11 from line 10
8. Enter the amount from Form 8863, line 9	13. Enter the smaller of line 9 or line 12 here and on Form 8863, line 19
9. Add lines 1 and 8	
10. Enter the amount from Form 1040, line 46	

Form 1040	Passive Activity Deduction Worksheet	2012
------------------	---	-------------

Name <u>RICHARD A CALICE JR</u>		Taxpayer Identification Number <u>383-86-2186</u>
Activity <u>620 CATALPA DR</u>	Form <u>SCH E</u>	Unit <u>1</u>
Type <u>RENTAL REAL ESTATE W/ACTIVE PARTICIPATION</u>	Entire Disposition of Activity	

Regular Tax Loss Calculations

	Prior Year Suspended Losses	Current Year Generated	Current Year Utilized	Suspended Losses To Next Year
Operating		14,634		14,634
Short-term capital loss				
Long-term capital loss				
28% rate capital loss				
Section 1231 loss				
Ordinary business loss				
Other Losses - 1040 pg 1				
Commercial revitalization				

Alternative Minimum Tax Loss Calculations

	Prior Year Suspended Losses	Current Year Generated	Current Year Utilized	Suspended Losses To Next Year
Operating		14,634		14,634
Short-term capital loss				
Long-term capital loss				
28% rate capital loss				
Section 1231 loss				
Ordinary business loss				
Other Losses - 1040 pg 1				
Commercial revitalization				

Form **1040****Passive Activity MAGI Calculation****2012**

Name

Taxpayer Identification Number

RICHARD A CALICE JR

383-86-2186

1 Adjusted gross income	1	<u>252,243</u>
2 Subtractions:		
2(a) Passive activity income	2(a)	_____
2(b) Taxable social security income	2(b)	_____
2(c) Other	2(c)	_____
2(d) Total subtractions	2(d)	_____
3 Additions:		
3(a) Allowed passive activity losses	3(a)	_____
3(b) Rental real estate loss allowed to real estate professionals	3(b)	_____
3(c) Your IRA deduction	3(c)	_____
3(d) Spouse's IRA deduction	3(d)	_____
3(e) Domestic production activities deduction	3(e)	_____
3(f) One-half self-employment tax	3(f)	<u>1,697</u>
3(g) Series EE & I Bond Interest	3(g)	_____
3(h) Other	3(h)	_____
Total additions	3(i)	<u>1,697</u>
4 Modified adjusted gross income	4	<u><u>253,940</u></u>

Form **1040****Net Earnings from Self-Employment Worksheet****2012**

Name

Taxpayer Identification Number

RICHARD A CALICE JR

383-86-2186

Taxpayer

Spouse

Farm profit or (loss)

Schedule F		
Farm Partnerships - Schedule K-1, box 14, code A		
Auto expense from farm partnerships	()	()
Amortization from farm partnerships	()	()
Depreciation & Section 179 from farm partnerships	()	()
Depletion from farm partnerships	()	()
Other expenses from farm partnerships	()	()
Home office expenses from farm partnerships	()	()
Unreimbursed partnership expenses from farm partnerships	()	()
Farm adjustment to SE Income		
Net farm profit or (loss) - Schedule SE line 1a	<u>0</u>	<u>0</u>

Conservation Reserve Program payments to social security/disability benefit recipients included on Sch F, In 4b or listed on Sch K-1 (Form 1065), box 20, code Y - Sch SE line 1b

(0) (0)

Nonfarm profit or (loss)

Schedule C (excluding minister Schedule C income reported below)	126,689	
Nonfarm partnerships - Schedule K-1, box 14, code A		
Auto expense from nonfarm partnerships	()	()
Amortization from nonfarm partnerships	()	()
Depreciation & section 179 from nonfarm partnerships	()	()
Depletion from nonfarm partnerships	()	()
Other expenses from nonfarm partnerships	()	()
Home office expenses from nonfarm partnerships	()	()
Unreimbursed partnership expenses from nonfarm partnerships	()	()
Employee business expenses - Form 2106 (excluding minister 2106 expenses reported below)	()	()
Nonfarm adjustment to SE income		
Self-employment income reported as other income		
Self-employment income from contracts and straddles		
Minister/clergy self-employment income (from Clergy Worksheet Page 4, line 8)		
Net nonfarm profit or (loss) - Schedule SE line 2	<u>126,689</u>	<u>0</u>

Other income items subject to and/or exempt from self-employment tax

Fees received for services performed as a notary public	()	()
Earnings while debtor in a chapter 11 bankruptcy case		
Taxable community property income/-loss		
Exempt community property income/-loss	()	()
Net adjustment included on Schedule SE, line 3	<u>0</u>	<u>0</u>

Net profit (loss) from self-employment activities - Schedule SE line 3

126,689 0

Church employee income - Schedule SE, Page 2 line 5a

Form **1040****Tax Refund Worksheets****2012**

Name

Taxpayer Identification Number

RICHARD A CALICE JR

383-86-2186

	2011	2010	2009
1. State and local tax refunds	1. <u>53</u>		
2a. State and local tax refunds with no tax benefit derived due to AMT ..	2a. _____		
2b. Sales tax benefit reduction	2b. _____		
3. Net state and local tax refunds. Subtract lines 2a and 2b from line 1 ..	3. <u>53</u>		
4. Total itemized deductions from Schedule A	4. <u>17,621</u>		
5. Standard deduction	5. <u>11,600</u>		
6. Subtract line 5 from line 4. If result is zero or less, STOP here The amount on line 3 is not taxable	6. <u>6,021</u>		
7. Enter the smaller of line 3 or line 6	7. <u>53</u>		
8. Taxable income (If taxable income is negative amount, enter that amount in brackets. Adjust taxable income for any NOL carryover.) ..	8. <u>103,113</u>		
9. Enter the following amount to include on Form 1040, line 10: If line 8 is:	9. <u>53</u>		
• 0 or more, enter the amount from line 7.			
• A negative amount, add lines 7 and 8 and enter net amount, but not less than zero.			

Tax Refund Worksheet for Itemized Deduction Limitation

	2011 *	2010 *	2009
1. State and local tax refunds subject to phase-out	1. _____	_____	_____
2a. State and local tax refunds with no tax benefit derived due to AMT ..	2a. _____	_____	_____
2b. Sales tax benefit reduction	2b. _____	_____	_____
3. Net state and local tax refunds. Subtract lines 2a and 2b from line 1 ..	3. _____	_____	_____
Itemized deductions before state and local tax refunds:			
4. Adjusted gross income	4. _____	_____	_____
5. AGI threshold	5. _____	_____	_____
6. Line 4 minus line 5	6. _____	_____	_____
7. Itemized deductions before phase-out	7. _____	_____	_____
8. Itemized deductions subject to phase-out	8. _____	_____	_____
9. Multiply line 6 by 3% (.03)	9. _____	_____	_____
10. Multiply line 8 by 80% (.80)	10. _____	_____	_____
11. Phase-out (smaller of line 9 or line 10 (times 1/3 for 2009))	11. _____	_____	_____
12. Allowable itemized deductions (line 7 minus line 11)	12. _____	_____	_____
Itemized deductions adjusted for state and local tax refund:			
13. Adjusted itemized deductions before phase-out (line 7 minus line 3) ..	13. _____	_____	_____
14. Adjusted itemized deductions subject to phase-out (line 8 minus line 3)	14. _____	_____	_____
15. Multiply line 14 by 80% (.80)	15. _____	_____	_____
16. Adjusted phase-out (smaller of line 9 or 15 (times 1/3 for 2009))	16. _____	_____	_____
17. Adjusted itemized deductions allowed (line 13 minus line 16)	17. _____	_____	_____
18. Standard deduction	18. _____	_____	_____
19. Enter the larger of line 17 or line 18	19. _____	_____	_____
20. Taxable refund to be reported on Form 1040, line 10 (line 12 minus line 19)	20. _____	_____	_____

* Schedule A limitation did not apply for 2010 and 2011, due to the Economic Growth and Tax Relief Reconciliation Act of 2001.

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Federal Statements

FEI Com Inc

Form W-2, Box 12

Description	Amount
COST OF GROUP TERM LIFE INSURANCE COVERAGE OVER 50,000	\$ 40
SECTION 401(K) CONTRIBUTIONS	6,478
EMPLOYER CONTRIBUTIONS TO HEALTH SAVINGS ACCOUNT	3,333
COST OF GROUP TERM LIFE INSURANCE COVERAGE OVER 50,000	8
SECTION 401(K) CONTRIBUTIONS	1,270
EMPLOYER (AND EMPLOYEE SECT. 125) CONTRIBUTIONS TO HSA	800
TOTAL	<u>\$ 11,929</u>

Federal Statements

Schedule A, Line 5 - State and Local Taxes

Description	Amount
2011 MD EXTENSION PAYMENT	\$ 250
2011 MI EXTENSION PAYMENT	2,000
STATE WITHHOLDING ON W-2S	7,626
STATE TAX PAYMENTS	28
'11 MI INCOME TAX REFUND	-35
TOTAL INCOME TAXES*	<u>9,869</u>
GENERAL SALES TAX	<u>1,611</u>
TOTAL SALES TAXES	<u>1,611</u>

*INCOME TAXES ARE BEING DEDUCTED

Federal Statements

Software Consultant

Schedule C, Line 1 - Gross Receipts or Sales

<u>Description</u>	<u>Amount</u>
GROSS RECEIPTS AND SALES	\$ <u>136,355</u>
TOTAL	\$ <u><u>136,355</u></u>

Federal Statements

Form 6251, Line 19 - Passive Activities

Description		Form/ Sch	AMT Inc/Loss	Regular Inc/Loss	Difference Line 19
620	CATALPA DR	SCH E1	\$ 0	\$ 0	\$ 0
	TOTAL		\$ 0	\$ 0	\$ 0

Federal Statements

2011 State and Local Income Tax Refunds

Description	Amount
'11 MI INCOME TAX REFUND	\$ 88
SUBTOTAL	88
<u>ALLOCATED TO TAX PD IN FOLLOWING YR</u>	
'11 MI INCOME TAX REFUND	35
SUBTOTAL	35
TOTAL	53

Amount Allocated to Tax Paid in the Following Year

Description	Amount
MI	
1. 2011 PAYMENT PAID IN 2012	\$ 0
2. 2011 EXTENSION PAID IN 2012	2,000
3. 2011 ADDITIONAL PAYMENT PAID IN 2012	0
4. TOTAL 2011 PAYMENTS PAID IN 2012(SUM OF LINES 1 THROUGH 3)	2,000
5. TOTAL PAYMENTS ON THE 2011 RETURN	5,033
6. TOTAL 2011 OVERPAYMENT/REFUND	88
7. 2011 REFUND ATTRIBUTABLE TO TAX PAID IN 2012 (LINE 4 DIVIDED BY LINE 5 MULTIPLIED BY LINE 6)	\$ 35
8. STATE/LOCAL TAX REFUND (LINE 6 MINUS LINE 7)	\$ 53

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Federal Asset Report

Software Consultant

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
<u>Prior MACRS:</u>											
2	OFFICE SCANNER	11/01/11	976		X	X	0	5	HY 200DB	976	0
			976				0			976	0
<u>Listed Property:</u>											
1	AUTO	1/01/09	0				0	0	HY	0	0
			0				0			0	0
Grand Totals			976				0			976	0
Less: Dispositions and Transfers			0				0			0	0
Less: Start-up/Org Expense			0				0			0	0
Net Grand Totals			976				0			976	0

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Federal Asset Report 620 CATALPA DR

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<u>Residential Real Property:</u>										
2	BUILDING	1/01/12	187,200				187,200	27 MMS/L	0	6,524
			<u>187,200</u>				<u>187,200</u>		<u>0</u>	<u>6,524</u>
<u>Other Depreciation:</u>										
1	LAND	1/01/12	46,800				46,800	0 -- Land	0	0
	Total Other Depreciation		<u>46,800</u>				<u>46,800</u>		<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>46,800</u>				<u>46,800</u>		<u>0</u>	<u>0</u>
	Grand Totals		234,000				234,000		0	6,524
	Less: Dispositions and Transfers		0				0		0	0
	Less: Start-up/Org Expense		<u>0</u>				<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>234,000</u>				<u>234,000</u>		<u>0</u>	<u>6,524</u>

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Bonus Depreciation Report

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
<u>Activity: Software Consultant</u>								
2	OFFICE SCANNER	11/01/11	976		976	0	0	0
	Software Consultant		976		0	0	0	0
Grand Total			976		0	0	0	0

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AMT Asset Report Software Consultant

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<u>Prior MACRS:</u>										
2	OFFICE SCANNER	11/01/11	976		X	X	0	5 HY 200DB	976	0
			976				0		976	0
<u>Listed Property:</u>										
1	AUTO	1/01/09	0				0	0 HY	0	0
			0				0		0	0
Grand Totals			976				0		976	0
Less: Dispositions and Transfers			0				0		0	0
Net Grand Totals			976				0		976	0

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AMT Asset Report 620 CATALPA DR

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<u>Residential Real Property:</u>										
2	BUILDING	1/01/12	187,200				187,200	27 MMS/L	0	6,524
			<u>187,200</u>				<u>187,200</u>		<u>0</u>	<u>6,524</u>
<u>Other Depreciation:</u>										
1	LAND	1/01/12	0				0	0 HY	0	0
	Total Other Depreciation		<u>0</u>				<u>0</u>		<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>0</u>				<u>0</u>		<u>0</u>	<u>0</u>
	Grand Totals		187,200				187,200		0	6,524
	Less: Dispositions and Transfers		<u>0</u>				<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>187,200</u>				<u>187,200</u>		<u>0</u>	<u>6,524</u>

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Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
<u>MACRS Adjustments:</u>						
C	1	2	OFFICE SCANNER	0	0	0
E	1	2	BUILDING	<u>6,524</u>	<u>6,524</u>	<u>0</u>
				<u>6,524</u>	<u>6,524</u>	<u>0</u>

